

Part 2

ARRESTING OFFICER'S OBSERVATIONS

This form is to be completed by a law enforcement officer after a judicial official has issued a Release Order requiring that an arrestee be held in custody by the Pitt County Detention Center. Circle YES or NO. If YES, provide additional written information on this form.

Full Name of Arrestee: _____

- During this person's arrest and custody, did he/she engage in assaultive or combative behavior?
- To your knowledge, is this person injured or been involved in an incident wherein he/she has been injured? Has this person ingested/urinated on himself/herself?
- To your knowledge, does this person have any history of violent behavior? Has this person indicated that they intend to do bodily harm to anyone?
- Has this person expressed to you or are you otherwise aware of a psychiatric problem or need that this person may have?
- To your knowledge, does this person have any enemy in this facility that may be separated to avoid physical violence?

If the answer to any question is YES, please provide additional information on this form.

I, the undersigned, hereby certify that the foregoing information is true and correct to the best of my knowledge and ability.

Signature of Arresting/Transporting Officer _____ Badge # _____



CORONAVIRUS SCREENING



Inmate Name: _____

TRAVEL HISTORY

- In the past 30 days, have you traveled outside of the United States?
- Does the inmate report a history of traveling to or from countries with active cases of COVID-19?

CONTACT HISTORY

- In the past 30 days, have you had close contact with anyone who has been diagnosed with COVID-19?
- Have you or anyone you've been in contact with had symptoms of COVID-19?

- Do you have fever, cough, shortness of breath, or other symptoms of COVID-19?

Yes _____ No _____

Detention Staff Signature _____

If inmate answers "YES" to questions 2, 3, 4 or 5 above, move inmate to a reverse isolation cell in the B6 medical unit. The symptoms check list AFTER the inmate has been placed in the cell.

TEMP: _____

RESPIRATIONS: _____

BP: _____

SHORTNESS OF BREATH: _____

O2Sat: _____

COUGH: _____

User: IRBELL

PITT COUNTY SHERIFF'S OFFICE

05/31/2020 04:53:08

Inmate Suicide Screening

Inmate: _____ Race: _____ Sex: _____ DOB: _____ SSN: _____

Booking #: _____ Booking Officer: _____ Date: _____

Screening Officer: _____ Date: _____

Q. # Question Answer Notes

- Did the arresting/transporting officer indicate that the inmate is suicidal or has been suicidal in the recent past? Any indication of previous suicidal behavior? N
- Is the inmate actively violent or assaultive toward inmates or staff? N
- Is the inmate verbally abusive or making threats toward inmates or staff? Is the inmate excessively angry? N
- Is the inmate intoxicated (including a score of .15 or higher on Intoxilyzer), displaying slurred speech, have a strong odor of alcohol or unable to stand or walk unassisted? N
- Is the inmate displaying erratic or irrational behavior such as screaming or laughing uncontrollably, having hallucinations or refusing to talk at all? N
- Does the inmate have a previous record of a suicide attempt or of mental illness? (If there has been a previous confinement, check "NOTES" section.) N
- Does the inmate appear to be unusually distraught or depressed? Is the inmate crying uncontrollably? N
- Is the arrestee a prominent citizen, celebrity or person held in high community esteem who is displaying or expressing extreme remorse or embarrassment, or who is charged with a heinous crime or crime of morale turpitude? N
- Is the inmate making statements such as "I wish I were dead," "My life/career is ruined," or other such statements indicating low personal esteem/worth? N
- If any of questions 1-9 is "yes," notify the Intake Sergeant/OIC, Medical Staff and the on-duty Shift Lieutenant. THIS INMATE MAY OR MAY NOT QUALIFY FOR A SPECIAL WATCH. If the answers are all "no," answer this question "no." N
- Was the Intake Sergeant/OIC notified? N
- Was Jail Medical Staff notified? If so, provide name of nurse notified. N
- Was Shift Lieutenant/OIC notified? N

juiced

Signature of Inmate Officer _____

User: IRBELL

PITT COUNTY SHERIFF'S OFFICE

05/31/2020 04:58:22

Inmate Medical Screening

Inmate: _____ Race: _____ Sex: _____ DOB: _____

Booking #: _____ Booking Officer: _____ Date: _____

Screening Officer: _____ Date: _____

Reviewed By (Nurse): _____ Date: _____

Q. # Question Answer Notes

- Are you sick, injured or otherwise in need of immediate medical care? N
- Are you going to harm yourself? Have you tried to commit suicide? N
- Are there any issues concerning your personal safety or welfare about which we should know? Do you know of anyone in this jail who would harm you? Do you have a physical handicap or substance abuse problem? N
- I understand that I am responsible for all County property issued or provided to me and that I must reimburse the County for property that is damaged, lost, misplaced or wasted. Y
- I have received a copy of the Pitt County Detention Center Inmate Handbook. I must obey the rules/procedures of this facility. I may be disciplined for violating facility rules and/or procedures. Y
- I have been allowed to use a telephone or otherwise communicate with an outside person. I understand that the Inmate Telephone System is monitored and recorded by the Pitt County Sheriff's Office. Y
- I understand that I will not be denied medical care because I cannot pay, but that I will be assessed a \$20.00 co-pay for non-emergency medical and dental care. A \$10.00 co-pay will also be assessed for each 30 day supply or less of prescription medications. I must report illnesses or medical problems to a detention officer or nurse. Y
- I agree to allow the Pitt County Detention Center to debit (deduct money) my Inmate Trust Fund Account for commissary orders, medical co-payments and reimbursements for damaged/missing County property. Y
- I understand that I have been assigned an account to hold any money that I may have while I am staying at the Pitt County Detention Center. I understand that I have been assigned a PIN code in order to access funds in my account, and that I must change this PIN code to a unique number in order to maintain the security of my account. I agree not to share my PIN code with others, and understand that doing so will compromise my account security. I acknowledge that it is my duty to maintain the confidentiality and security of my PIN code, and that Pitt County Detention Center, the Office of the Sheriff, and Pitt County are not responsible for any compromise to the security of my account caused by my failure to do so. Y

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BRIEF JAIL MENTAL HEALTH SCREEN

For use with both male and female jail detainees.

Section 1

Name: _____ Detainee #: _____ Date: ____/____/____ Time: ____ AM ____ PM

Section 2

Questions	No	Yes	General Comments
1. Do you <i>currently</i> believe that someone can control your mind by putting thoughts into your head or taking thoughts out of your head?			
2. Do you <i>currently</i> feel that other people know your thoughts and can read your mind?			
3. Have you <i>currently</i> lost or gained as much as two pounds a week for several weeks without even trying?			
4. Have you or your family or friends noticed that you are <i>currently</i> much more active than you usually are?			
5. Do you <i>currently</i> feel like you have to talk or move more slowly than you usually do?			
6. Have there <i>currently</i> been a few weeks when you felt like you were useless or sinful?			
7. Are you <i>currently</i> taking any medication prescribed for you by a physician for any emotional or mental health problems?			
8. Have you <i>ever</i> been in a hospital for emotional or mental health problems?			

Section 3 (Optional)

Officer's Comments/Impressions (check all that apply):

- ☐ Language barrier ☐ Under the influence of drugs/alcohol ☐ Non-cooperative
☐ Difficulty understanding questions ☐ Other, specify: _____

Referral Instructions: This detainee should be referred for further mental health evaluation if he/she answered:

- YES to item 7; OR
- YES to item 8; OR
- YES to at least 2 of items 1 through 6; OR
- If you feel it is necessary for any other reason

☐ Not Referred

☐ Referred on ____/____/____ to _____

Person completing screen _____

INSTRUCTIONS ON REVERSE

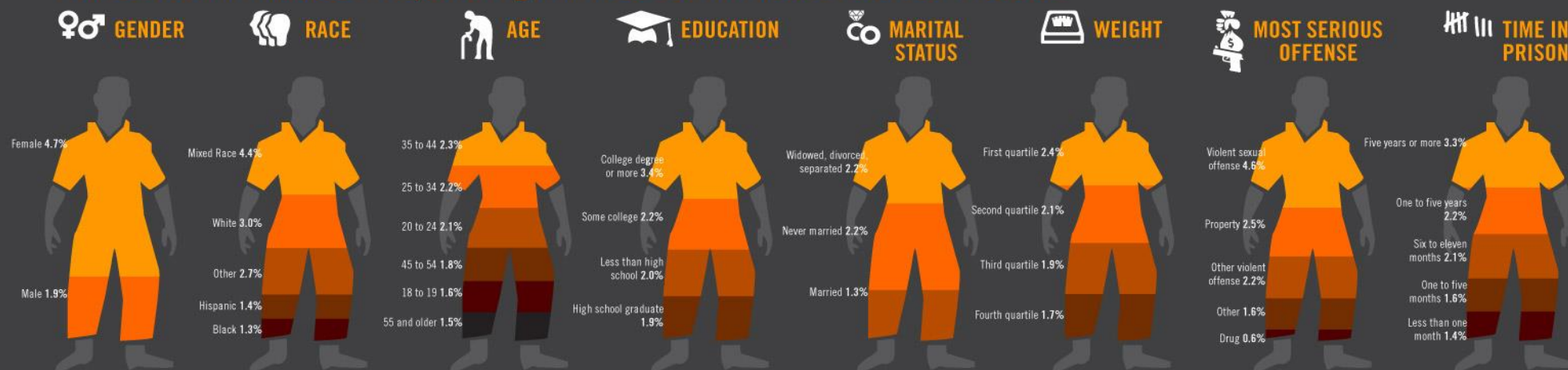


Prison: Which Inmates Get Abused

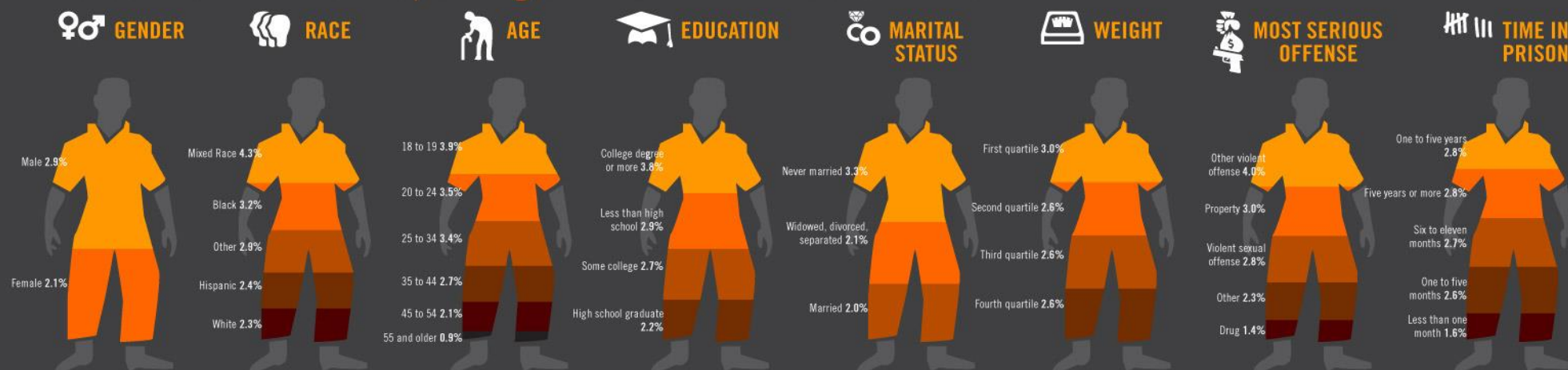
The Department of Justice recently finished an extensive audit of U.S. prisons to determine which prisoners were at risk of being sexually abused by inmates or by staff members. The report found the following people were being victimized.

A collaboration between GOOD and Albertson Design
SOURCE: "Sexual Victimization in Prisons and Jails Reported by Inmates, 2008-09," U.S. Dept. of Justice

Percent of Inmates Reporting Inmate on Inmate Sexual Abuse



Percent of Inmates Reporting Staff on Inmate Sexual Abuse



1) Objective Variables (11 total)

- | | |
|---|--|
| 1) Age | |
| 2) Race | 8) Convictions for physically aggressive sexual act(s) |
| 3) Marital status | |
| 4) # of previous incarcerations | 9) Prior convictions for other violent offenses |
| 5) Violent nature of charges | 10) History of institutional violence and/or sexual offence(s) |
| 6) Convictions of sex related crimes against a child or adult | 11) Gang affiliation |
| 7) Incarcerated strictly for immigration purposes | |

2) Clinical Variables (6 total)

- 1) Mental, physical or developmental disability
- 2) Physical disability
- 3) Personality disorder- Narcissistic, Antisocial, dependant, histrionic, borderline,
- 4) Schizoid spectrum
- 5) Autistic spectrum
- 6) Number of psychiatric hospitalizations

3a) Professed Perspective Variables (8 total)

- 1) Level of emotional or cognitive delay or appears 'Street smart' (language and executive skills)
- 2) Inmate's perception of vulnerability or feels at home in jail
- 3) Assertive vs. passive (Self confidence)
- 4) Inmate's declared sexual preferences
- 5) Identifies with children
- 6) Professes sexual deviancy
- 7) Professes sexual aggression
- 8) Abuse experiences

3b) Observable Perspective Variables (7 total)

- 1) Health/grooming quality (to include skin quality, hygiene, tattoos/piercings)
- 2) General attractiveness
- 3) Physique
- 4) Voice frequency
- 5) Perceived as gay or non-traditionally heterosexual
- 6) Non-conforming (aggressive) attitude
- 7) Seductive vs. resistant



1) Objective Variables (11 total)

- 1) Age
- 2) Race
- 3) Marital status
- 4) # of previous incarcerations
- 5) Violent nature of
- 8) Convictions for physically aggressive sexual act(s)
- 9) Prior convictions for other violent offenses
- 10) History of institutional

2) Clinical Variables (6 total)

- 1) Mental, physical or developmental disability
- 2) Physical disability
- 3) Personality disorder- Narcissistic, Antisocial, dependant, histrionic,

PREAnalytics®

- (language and executive skills)
- 2) Inmate's perception of vulnerability or feels at home in jail
- 3) Assertive vs. passive (Self confidence)
- 4) Inmate's declared sexual preferences
- 5) Identifies with children
- 6) Professes sexual deviancy
- 7) Professes sexual aggression
- 8) Abuse experiences

- 2) General attractiveness
- 3) Physique
- 4) Voice frequency
- 5) Perceived as gay or non-traditionally heterosexual
- 6) Non-conforming (aggressive) attitude
- 7) Seductive vs. resistant

HOW PREAnalytics WORKS



To begin, either click **New Assessment** to begin a new assessment, click **Recent Assessments** to review recent assessments, or click **Search Assessments** to look up specific assessments.

New Assessment »

Recent Assessments »

Search Assessments »

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ness | Psych... PREAnalytics Demo X

PREAnalytics

Demo Input Form

U.S. Pat. 10,546,657

Race: White

Marital Status: Single or Never Married

Age: < 10

Incarcerations: 1

Sex-related Crimes: 1

Aggressive Sex Acts: 1

Other Violent Crimes: 1

Incarcerated for Immigration: ☐

History of Violence: None reported
Onto others
From others

Violent Nature of Charges:



To begin, either click **New Assessment** to begin a new assessment, click **Recent Assessments** to review recent assessments, or click **Search Assessments** to look up specific assessments.

[New Assessment »](#)

[Recent Assessments »](#)

[Search Assessments »](#)



Assessment Details For: Jaime Fuquay

Assessee ID: **JF1277AL18991231**

Date of Birth **Dec. 31, 1899**

Assessment Date: **June 26, 2018, 11:47 a.m.**

Assessed By: **HKT**

Victim Score: **505**

Perpetrator Score: **910**

Likely Perpetrator: **True**

Justification for manual perpetrator flag: **Additional evidence of dangerous witnesses in person on another inmate**

Likely Victim: **False**

[Home »](#)

[Recent Assessments »](#)

[Search »](#)



US010546657B2

(12) **United States Patent**
Leonhardt et al.

(10) **Patent No.:** **US 10,546,657 B2**

(45) **Date of Patent:** **Jan. 28, 2020**

(54) **SYSTEMS, METHODS AND COMPUTER
PROGRAM PRODUCTS FOR REDUCING
THE RISK OF PERSONS HOUSED WITHIN A
FACILITY BEING SEXUAL PREDATORS OR
VICTIMS**

(71) **Applicant:** **CENTINAL GROUP, LLC,**
Macclesfield, NC (US)

(72) **Inventors:** **Gary G. Leonhardt,** Macclesfield, NC
(US); **Mark R. Cervi,** Greenville, NC
(US); **Peter Romary,** Greenville, NC
(US)

(73) **Assignee:** **CENTINAL GROUP, LLC,**
Macclesfield, NC (US)

(*) **Notice:** Subject to any disclaimer, the term of this
patent is extended or adjusted under 35
U.S.C. 154(b) by 1204 days.

) **Field of Classification Search**

CPC H04W 4/90; G06Q 10/10; G06Q 50/22;
G06Q 10/08; G06Q 20/10; H04L 63/083;
G07D 7/004; G07C 9/00007

See application file for complete search history.

) **References Cited**

U.S. PATENT DOCUMENTS

5,782,778 A 7/1998 De Briere et al.
6,470,319 B1 * 10/2002 Ryan G06Q 10/10
705/325

(Continued)

FOREIGN PATENT DOCUMENTS

CN 101697895 A 4/2010
CN 101697896 A 4/2010

(Continued)

Primary Examiner — Robert W Morgan

Assistant Examiner — Edward B Winston, III



US010546657B2

(12) **United States Patent**
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**‘SYSTEMS, METHODS AND COMPUTER
PROGRAM PRODUCTS FOR REDUCING THE RISK
OF PERSONS HOUSED WITHIN A FACILITY
BEING SEXUAL PREDATORS OR VICTIMS’**

PREAnalytics®

Intake



[Profile](#) > **Intake** for inmate John Doe [RESET FORM](#)

GENERAL

VITALS

HEALTH

Gender

Substance Use Disorder/Withdrawal

Allergies

Medical Diagnoses

Dental

Medications

Personal Physician

Pharmacy

PSYCHIATRIC

Danger to Self or Others

Physical Dangerousness

Psychiatric Issues

Additional Evaluation

ACCOMMODATIONS

Walking Assistance

Behavioral Issues

Activities of Daily Living

Special Equipment

REVIEW

Inmate name

FIRST NAME
John

MIDDLE NAME
Edward

LAST NAME
Doe

Date of birth

MM/DD/YYYY
02/27/1969

VITALS →

Patent # 8,441,353



MANDATORY SYMPTOM SCREENING FOR COVID-19 AT TIME OF EXIT FROM FACILITY

1. Temperature: _____ F Date: _____
2. Complains of feeling feverish or chills? YES ☐ NO ☐ Date of onset: _____
3. Prescence of Cough? YES ☐ NO ☐ Date of onset: _____
4. Presence of body aches or diarrhea? YES ☐ NO ☐ Date of onset: _____
5. Difficulty breathing? YES ☐ NO ☐ Date of onset: _____
6. Traveled from, or through, any of the locations identified by the CDC as increasing epidemiologic risk within the last 14 days?
YES ☐ NO ☐ If yes, location and date _____
7. Had close contact with anyone diagnosed with COVID-19 within the last 14 days? YES ☐ NO ☐
8. SARS Corona virus vaccination given? YES ☐ NO ☐
- If Yes, date given: _____ and/or Location given: _____

If temperature is 100.4F or greater, OR answer is "YES" to ANY other question, the prisoner is NOT CLEARED FOR TRANSFER until evaluated and cleared by a licensed clinician.

9. CERTIFYING HEALTH AUTHORITY: THIS INMATE IS MEDICALLY CLEARED FOR TRAVEL.

Name (print): _____ Title: _____

Signature: _____ Date: _____ Phone: (____) _____



Inmate Summary



[Inmates](#) > Intake

RESET FORM

GENERAL

VITALS

HEALTH >

PSYCHIATRIC >

ACCOMMODATIONS >

REVIEW

Please Review

PRISONER INFORMATION EXCHANGE
PITT COUNTY DETENTION CENTER

Intake Official:Wade Benton
Date Created:3-5-2019

GENERAL INFORMATION
Name: John Edward Smith
DOB:
Gender: Other
Perceived gender: Other
Special needs related to gender: N/A
Facility needs related to gender: N/A

VITALS
Height: N/A
Weight: N/A
Blood Pressure: N/A
Respiration Rate: N/A
Pulse: N/A
Temperature: N/A
Blood Glucose (finger-stick): N/A
Pulse Oximetry: N/A

Pregnancy Information
Not Applicable

ALLERGIES
No allergies listed.

DENTAL ISSUES
No dental issues listed.

PERSONAL PHYSICIAN
Doctor: N/A
Hospital: N/A
City & State: N/A

PSYCHIATRIC
Psychiatric Evaluation: N/A
No psychiatric issues listed.

SUBSTANCE ABUSE
No listed history of substance abuse.

MEDICAL ISSUES
No diagnoses listed.
No injuries/pain listed.
No symptoms listed.

MEDICATIONS
No medications listed.

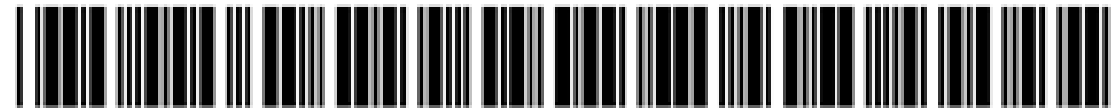
PHARMACY
Pharmacy Name: N/A
Phone Number: N/A

SPECIAL ACCOMMODATIONS
No special medical equipment listed.

SUBMIT

Patent # 8,441,353





US008441353B2

(12) **United States Patent**
Williams, Sr. et al.

(10) **Patent No.:** **US 8,441,353 B2**
(45) **Date of Patent:** **May 14, 2013**

(54) **METHODS, SYSTEMS AND ARTICLES OF
MANUFACTURE FOR **MONITORING**
SUBJECTS WITHIN A FACILITY**

(75) Inventors: **Clinton Eugene Williams, Sr.**,
Winterville, NC (US); **Gary G.**
Leonhardt, Macclesfield, NC (US);
Mark R. Cervi, Greenville, NC (US);
Joseph L. Whaley, Winterville, NC (US)

(73) Assignee: **Guardtracker Innovations, LLC.**,
Winterville, NC (US)

(*) Notice: Subject to any disclaimer, the term of this
patent is extended or adjusted under 35
U.S.C. 154(b) by 453 days.

(21) Appl. No.: **12/751,409**

(22) Filed: **Mar. 31, 2010**

(56) **References Cited**

U.S. PATENT DOCUMENTS

5,473,831	A *	12/1995	Locke	40/490
5,537,126	A *	7/1996	Kayser et al.	345/2.1
7,233,781	B2 *	6/2007	Hunter et al.	455/404.1
2004/0000997	A1 *	1/2004	Stevens, III	340/572.1
2004/0100361	A1 *	5/2004	Brackett et al.	340/5.74
2008/0117022	A1 *	5/2008	Polozola	340/10.1
2008/0217400	A1 *	9/2008	Portano	235/380

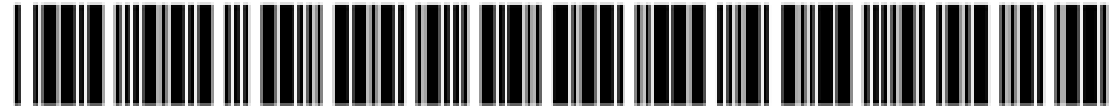
* cited by examiner

Primary Examiner — Daniel Previl

(74) *Attorney, Agent, or Firm* — Myers Bigel Sibley &
Sajovec, P.A.

(57) **ABSTRACT**

A monitoring system includes a plurality of display devices
located throughout a facility and a data server in communi-



US008441353B2

(12) **United States Patent**
Williams, Sr. et al.

(10) **Patent No.:** **US 8,441,353 B2**
(45) **Date of Patent:** **May 14, 2013**

**‘METHODS, SYSTEMS AND ARTICLES OF
MANUFACTURE FOR MONITORING
SUBJECTS WITHIN A FACILITY’**



Maintenance

1

2

3



Wed 3/11/2020 5:15 AM

Gary Leonhardt

To: Gary Leonhardt

On Mar 7, 2020, at 3:00 PM, Bates, Brandon
<brandon.bates@pittcountync.gov>
wrote:

Hello,

I just wanted to help keep everyone up to date on the increasingly assaultive behavior of Inmate [REDACTED] who is housed in D Block Cell 1S13. Myself and other Officers who routinely deal with Inmate [REDACTED] have observed that his behavior has been going from slightly erratic to varying degrees of assaultive. His assaultive behavior has recently included but is not limited to attempting to strike officers through the food passage door during feedings, spitting on staff during feeding, and even striking an Officer in the face while he was out on recreation. I just wanted to help the flow of information regarding this Inmate so that we may potentially mitigate this type of behavior while getting this individual the help that he needs. Thank you in advance.

Officer Brandon Bates
Pitt County Sheriff's Office
124 New Hope Road
Greenville, NC 27834



Wed 3/11/2020 5:15 AM

Gary Leonhardt

To: Gary Leonhardt

----- Forwarded Message -----

From: "McLean, Donna"
<donna.mclean@pittcountync.gov>
To: "Detention. F-Block" <Detention.F-Block@pittcountync.gov>, "Leonhardt, Gary" <GaryLeonhardt@yahoo.com>, "Keech, Carol" <carol.keeche@pittcountync.gov>, "Smith, Patty" <patty.smith@pittcountync.gov>
Cc: "Poston, Nancy" <nancy.poston@pittcountync.gov>, "Carmon, Michael" <michael.carmon@pittcountync.gov>, "Stokes, Mark" <mark.stokes@pittcountync.gov>, "Capehart, Lim" <lim.capehart@pittcountync.gov>, "Phillips, Jeff" <jeff.phillips@pittcountync.gov>, "Gay, William" <william.gay@pittcountync.gov>
Sent: Wed, May 3, 2017 at 7:42 PM
Subject: IM [REDACTED]

IM [REDACTED] is VERY known to Medical as she has pseudoseizure (not originating from brain electricity) each time she comes to PDC. She has to be assessed each time she does this, but rest assure she will not ever injure herself in a fall. She should be housed alone to avoid scaring others as these episodes can look impressive to non-medically trained people. This activity ceases each time when she is placed on full suicide watch. I have instructed Nurse Keech to implement this watch.

Donna McLean, FNP-BC



Wed 3/11/2020 5:14 AM

Gary Leonhardt

To: Gary Leonhardt

<donna.mclean@pittcountync.gov>
To: "Curry, Venus" <venus.curry@pittcountync.gov>
Cc: "Leonhardt, Gary" <GaryLeonhardt@yahoo.com>, "Faulkner, Ray" <ray.faulkner@dhhs.nc.gov>, "Phillips, Jeff" <jeff.phillips@pittcountync.gov>, "Capehart, Lim" <lim.capehart@pittcountync.gov>, "Singleton, Chad" <chad.singleton@pittcountync.gov>, "Roumpf, Robert" <robert.roumpf@pittcountync.gov>
Sent: Fri, Sep 6, 2019 at 12:38 PM
Subject: IM [REDACTED]

All-

I received a call from [REDACTED], [REDACTED]'s mother. She explained that [REDACTED] is at PCDC because he was expressing suicidal and homicidal ideation with great detail. He reported that he would make a shank to kill himself... on electronic monitoring, and was violated when they said he couldn't live with them any longer.





Wed 3/11/2020 5:15 AM

Gary Leonhardt

To: Gary Leonhardt

assaultive

Brandon
<brandon.bates@pittcountync.gov>
wrote:

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124 New Hope Road
Greenville, NC 27834



Wed 3/11/2020 5:15 AM

Gary Leonhardt

To: Gary Leonhardt

----- Forwarded Message -----

From: "McLean, Donna"
<donna.mclean@pittcountync.gov>
To: "Detention. F-Block" <Detention.F-Block@pittcountync.gov>, "Leonhardt, Gary" <GaryLeonhardt@yahoo.com>, "Keech, Carol" <carol.keeche@pittcountync.gov>, "Smith, Patty" <patty.smith@pittcountync.gov>
Cc: "Poston, Nancy" <nancy.poston@pittcountync.gov>, "Carmon, Michael" <michael.carmon@pittcountync.gov>, "Stokes, Mark" <mark.stokes@pittcountync.gov>, "Capehart, Lim" <lim.capehart@pittcountync.gov>, "Phillips, Jeff" <jeff.phillips@pittcountync.gov>, "Gay, William" <william.gay@pittcountync.gov>
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Cc: "Leonhardt, Gary" <GaryLeonhardt@yahoo.com>, "Faulkner, Ray" <ray.faulkner@dhhs.nc.gov>, "Phillips, Jeff" <jeff.phillips@pittcountync.gov>, "Capehart, Lim" <lim.capehart@pittcountync.gov>, "Singleton, Chad" <chad.singleton@pittcountync.gov>, "Roumpf, Robert" <robert.roumpf@pittcountync.gov>
Sent: Fri, Sep 6, 2019 at 12:38 PM
Subject: IM [REDACTED]

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